



MARYLAND STATE DEPARTMENT OF EDUCATION
SCHOOL AND COMMUNITY NUTRITION PROGRAMS
200 WEST BALTIMORE STREET
BALTIMORE, MARYLAND 21201-2595
(410) 767-0214

SUMMER FOOD SERVICE PROGRAM PRELIMINARY APPLICATION

SECTION 1: SERVICE INSTITUTION

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

Name, title, and phone number of the person within the service institution (SI) who will be responsible for administering the Summer Food Service Program (SFSP) and who can be contacted by our office:

NAME _____ TITLE _____

PHONE NUMBER _____ E-MAIL _____

FAX NUMBER _____

SECTION 2: TAX STATUS

Check one to indicate tax status:

- ☐ Public or Private Nonprofit Local Educational Agency
- ☐ Public Agency
- ☐ Private Nonprofit Organization (Submit a copy of the Internal Revenue Service *Letter of Determination* for 501(c)(3) status.)

SECTION 3: FEDERAL PROGRAMS PARTICIPATION

Does your SI participate in any other federally funded programs? Yes ☐ No ☐

Has your SI participated in any of the following U.S. Department of Agriculture Child Nutrition Programs within the past three years?: Yes ☐ No ☐

- ☐ Child and Adult Care Food Program
- ☐ Summer Food Service Program
- ☐ Special Milk Program
- ☐ National School Lunch and/or School Breakfast Program
- ☐ Food Distribution Program

Does your SI operate any other U.S. Department of Agriculture Child Nutrition Program in any other state? If you answered "Yes," specify which Child Nutrition Programs, in what states, and dates of participation:

Program _____ State _____ Date _____

SECTION 4: SERVICE INSTITUTION MANAGEMENT

How many sites will participate in the SFSP? _____

What are the anticipated dates of operation when meals will be served to children? _____
Start Date End Date

What is the estimated number of children that will be served meals each day? _____

Do you plan to purchase meals from a caterer, food service management company or Local Educational Agency? If "Yes," indicate from whom meals are being purchased: Yes ☐ No ☐

Is the food service program being operated for the benefit of the children participating in the summer program? Yes ☐ No ☐

Have you or anyone in your SI ever been convicted of fraud or abuse involving federal funds? Yes ☐ No ☐

Have you or anyone affiliated with your SI ever been terminated as a participant in any of the U.S. Department of Agriculture Food or Nutrition Assistance Programs? Yes ☐ No ☐

SECTION 5: OUTREACH

What outreach or marketing initiatives do you have planned to promote the SFSP and attract children to the site(s)?

SECTION 6: SITE ELIGIBILITY

Sites may operate as one of the following (check the type of site you plan to operate):

- ☐ **Open:** Meals are available to all children in the area.
- ☐ **Enrolled:** Serves only identified groups of children. At least 50% must be eligible for free and reduced-price meals.
- ☐ **Residential Camp:** Reimbursed only for meals served to children who meet eligibility criteria.
- ☐ **Nonresidential Camp:** Reimbursed only for meals served to children who meet eligibility criteria.
- ☐ **Migrant:** Certification from a migrant organization that the site predominantly serves children of migrant families.
- ☐ **National Youth Sports Program (NYSP):** All children receiving meals are enrolled in NYSP and the site is in an area in which poor economic conditions exist.
- ☐ **Upward Bound:** Documentation of income eligible participants certified by an Upward Bound grantee.

SECTION 7: MEALS

Open and enrolled sites may claim up to two meals or one meal plus one snack each day. Camps and migrant programs may claim a maximum of three meals or two meals plus one snack each day.

Meals to be claimed for reimbursement (check all that apply):

Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner ☐

Section 8: REIMBURSEMENT

The current Income Eligibility Guidelines (Attachment B) and the current meal reimbursement rates (Attachment D) are enclosed. To help estimate your monthly reimbursement, you can use the enclosed Reimbursement Worksheet (Attachment E). NOTE: This is an estimate and may not be a true reflection of the reimbursement you will receive.

The SFSP provides financial reimbursement only to eligible children. If program costs exceed reimbursement provided by the SFSP, what other sources of funding will be available to cover program costs? _____

SECTION 9: THE APPLICATION PROCESS

When a Preliminary Application with the attachments has been received by the MSDE, the eligible SI must attend an MSDE SFSP training prior to participation. At the training the SFSP will be explained and a Program application packet will be distributed. If you require assistance completing this application, call 410-767-0225 to speak with the SFSP Specialist.

Make copies of all the forms for your files. Send an original copy of this Preliminary Application and one copy of all required documentation described above to: The Maryland State Department of Education, School and Community Nutrition Programs Branch, Attn: SFSP Preliminary Application, 200 West Baltimore Street, Baltimore, MD 21201.

Name of Person Completing This Preliminary Application

Title

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Monthly Estimated Reimbursement Worksheet

Meal Type	Site	# Operating Days	#Eligible Children	Reimbursement Rate	Operating Reimbursement
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OPERATING BUDGET FOR A SELF-PREP OR RURAL VENDED/URBAN SITE

Breakfast

Example 1 20 x 100 = 2000 x \$1.42 = \$2,840.00

 — — x — = — x \$1.42 = —

 — — x — = — x \$1.42 = —

Lunch/Dinner

Example 1 20 x 100 = 2000 x \$2.48 = \$4,960.00

 — — x — = — x \$2.48 = —

 — — x — = — x \$2.48 = —

Snack

 — — x — = — x \$0.58 = —

 — — x — = — x \$0.58 = —

\$

Total Operating Reimbursement

ADMINISTRATIVE BUDGET FOR A VENDED SITE

Breakfast

Example 1 20 x 100 = 2000 x \$.1125 = \$225.00

 — — x — = — x \$.1125 = —

 — — x — = — x \$.1125 = —

Lunch/Dinner

Example 1 20 x 100 = 2000 x \$.2150 = \$430.00

 — — x — = — x \$.2150 = —

 — — x — = — x \$.2150 = —

Snack

 — — x — = — x \$.0550 = —

 — — x — = — x \$.0550 = —

Total Operating Reimbursement

\$